97-84025-5

Matheson, Robert Edwin

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Dublin

1908

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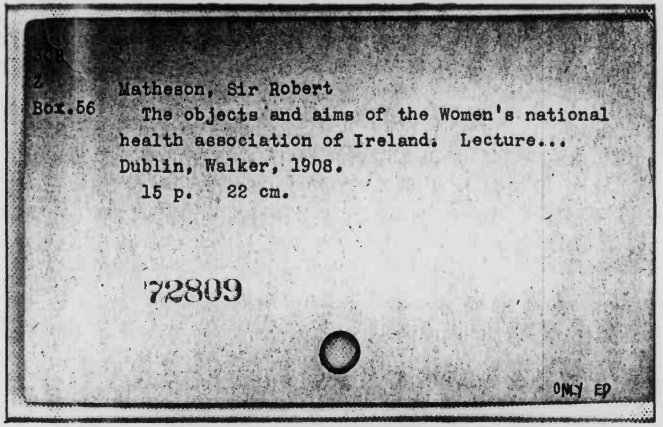

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TECHNICAL MICROFORM DATA

FILM SIZE: 35 mm REDUCTION RATIO: 10:1 IMAGE PLACEMENT: IA (IIA) IB IIB

DATE FILMED: 2-13-97 INITIALS: MS

TRACKING # : MSH 21311

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The Objects and Aims

OF

THE WOMEN'S NATIONAL HEALTH ASSOCIATION OF IRELAND.

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LECTURE

BY

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Barrister-at-Law,
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DUBLIN:
PRINTED BY WALLER & CO., 20 SUFFOLK STREET.
1908.

THE OBJECTS AND AIMS OF THE WOMEN'S NATIONAL HEALTH ASSOCIATION OF IRELAND.

By SIR ROBERT MATHESON, LL.D., *Registrar-General for Ireland.*

I have been asked the questions:—"What are the objects and aims of the Women's National Health Association of Ireland?" "Have we not enough societies and organisations already in existence, and what is the necessity to add another to their number?"

I propose to give an answer to these questions in this paper, and to show that the idea of banding the women of Ireland in a Union, to promote those measures which tend towards the amelioration of the health conditions of our people and the lessening of our mortality, is a project entirely unique in the history of our island, and one which deserves the most cordial support of every lover of this country.

The objects of the Women's National Health Association of Ireland, as stated in the prospectus, are as follows:—

I. To arouse public opinion, and especially that of the women of Ireland, to a sense of responsibility regarding the public health.

II. To spread the knowledge of what may be done in every home and by every householder, to guard against disease, and to eradicate it when it appears.

III. To promote the upbringing of a healthy and vigorous race.

Having the foregoing objects in view, there are many problems affecting the public health which must ultimately be dealt with, but, for the present, four, as being the most imperative, are proposed for immediate solution:—

1. Tuberculosis—How the ravages of this disease can be arrested.

2. What means are available to reduce the Infantile Mortality in Ireland.

3. How a pure milk supply can be brought within the reach of all classes of the population.

4. Hygiene in Schools:—How the health conditions surrounding children attending school can be improved, how they themselves can be effectively taught the laws of health, how to apply them personally and in their own homes.

1.—TUBERCULOSIS—HOW THE RAVAGES OF THIS DISEASE CAN BE ARRESTED.

(*a*) *Prevalence of the Disease in Ireland.*

This disease is the chief factor in the mortality of Ireland. The deaths which result from it far outnumber the deaths from any other cause, and exceed the total deaths from the principal epidemic diseases. The death-rate from Tuberculous Disease in Ireland, during the year 1906, was 208 per 100,000 persons living.

Comparing the mortality from Tuberculosis in Ireland during the years 1864 and 1905, respectively, with that for England and Scotland in those years, we find that whereas in 1864 the death-rates per 10,000 persons living stood as follows:—Scotland, 36; England, 33; and Ireland, 24; in the year 1905 the rates per 10,000 were—Ireland, 27; Scotland, 21; and England, 16. So that while in the former year Ireland had the lowest rate of mortality from the disease, in the latter she occupied the unenviable position of having the highest rate.

Again, we find that in the age periods, which form the backbone of our population, the mortality from Tuberculosis is proportionately much greater in Ireland than in England and Scotland. Thus, in the age period 20-25 years, for the year 1903, the proportions of deaths from the disease, per 10,000 persons living at that period were, respectively, Ireland, 40; Scotland, 24; and England, 16. At the age period 25-35 the figures were, Ireland, 45; Scotland, 27; and England, 20; while in the age period 35 and under 45 the proportions were, Ireland, 35; Scotland, 25; and England, 23.

Viewing the statistics of Pulmonary Tuberculosis in other countries, it appears that Ireland occupies a very unfavourable position as regards mortality from the disease, the average annual death-rate from this cause being only exceeded by Hungary, Austria, and Servia.

(b) The Nature, Prevention, and Cure of Tuberculosis.

Tuberculosis is caused by a vegetable organism, named by its discoverer, Professor Koch, Bacillus Tuberculosis, and it has been ascertained that it is in its nature highly infectious. It may be conveyed to others by the patients themselves, through carelessness in regard to sputum, or by taking food contaminated with tuberculous germs. This latter danger chiefly exists in milk and meat.

In considering the prevention of the disease, this feature—infectivity—must be borne well in mind, for it is by guarding against the spread of infection that we will most surely help to lessen its ravages.

To effectually cope with the question of the prevention of Tuberculosis, it must be realised that the first step in that direction should take the form of improving the dwellings of the poorer classes. Insanitary houses, deficient in light and air, must be done away with; overcrowded tenements in our cities and large towns must be inspected, and overcrowding must be made impossible by providing a sufficient number of wholesome, sanitary dwellings; and, in addition, the people must be taught the value of cleanliness in their persons and surroundings, so that, in rural districts, the manure heap will no longer be found close to the house, with pigs and poultry sharing the dwelling intended for human habitation.

Another method of prevention is that of compulsory notification. By this means the Public Health authorities would be put in possession of information relating to the occurrence of Tuberculosis, and would be enabled to care for the patients themselves and prevent other members of the families becoming infected, by thorough disinfection of their surroundings.

There is now no doubt that Tuberculosis is communicated to man through the media of milk and meat, and, consequently, to remove these sources of infection there should be a thorough and systematic inspection of both these articles of food, before they are supplied for human consumption.

Cattle, which of all the lower animals are most prone to this disease, should be regularly inspected, and, if suffering from Tuberculosis, should be destroyed.

With regard to the cure of the disease, Tuberculosis, if treated in its early stages, is curable, and there are certain means which should be available to effect its cure, viz.:—Consumptive Dispensaries and Sanatoriums.

At the Tuberculosis Exhibition now on tour in Ireland, it is shown how important a part Consumptive Dispensaries could take, if established in Ireland, in both the prevention and cure of Consumption. By their agency, tuberculous patients would, at the very inception of the disease, obtain proper advice and instruction as to checking its course.

Sanatoriums are very necessary for the cure of Consumption and for purposes of isolation, as in ordinary hospitals a consumptive patient can rarely be detained a sufficient length of time to effect a complete cure. With the provision of Sanatoriums this difficulty would be practically removed, as, when building, wards could be constructed for the treatment of tedious cases.

2.—Infant Mortality.

The second great problem which the Women's National Health Association has set before it is how to reduce the high rate of Mortality of Infants.

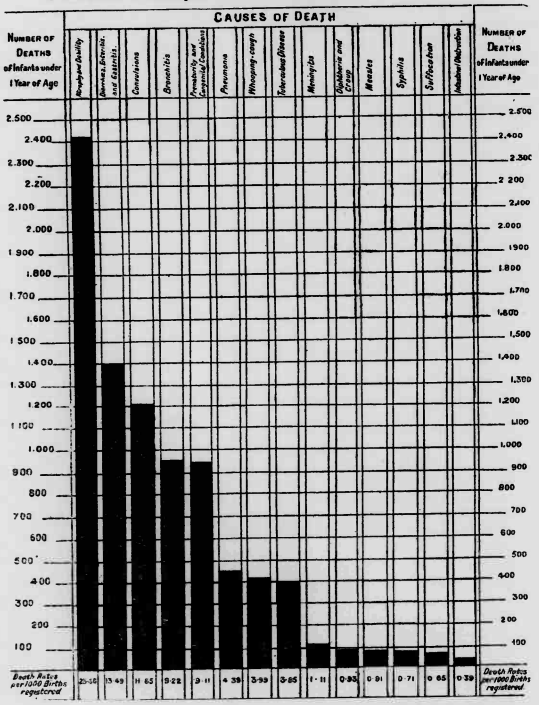
In Ireland, during the year 1906, there were no less than 9,644 deaths of infants under one year of age, being equal to 93 deaths in each 1,000 of the births registered, or, in other words, practically 1 in every 10 children born was carried off before it reached the termination of its first year of life.

I append a Diagram, reproduced from my Annual Report for 1906, which shows, in graphic form, the infant mortality from the 14 Principal Causes during that year. Out of the total of 9,644 deaths of infants under 1 year, Atrophy and Debility carried off 2,423; Diarrhœa, Enteritis and Gastritis killed 1,397; Convulsions claimed 1,206 victims; Bronchitis, 955; Prematurity and Congenital conditions, 943; Pneumonia, 455; Whooping Cough, 413; Tuberculous Disease, 399; Meningitis, 115; Diphtheria and Croup, 96; Measles, 94; Syphilis, 74; Suffocation, 67; and Intestinal Obstruction, 40. The death-rate per 1,000 births registered is given at the foot of each column.

A Table is annexed showing Infant Mortality in Ireland per 1,000 births registered in the year 1906.

INFANT MORTALITY.

DIAGRAM No. 5—Showing Infant Mortality for Ireland from Fourteen Principal Causes during the Year, 1906.



NOTE.—The Diagram may be read thus—According to Irish experience in 1906, to every 1,000 children born alive in that year, there died from Atrophy and Debility 23 infants under 1 year of age; from Diarrhœa, Enteritis, and Gastritis, 13 children under 1 year of age, and so on for the other causes specified in the Diagram.

[*Reproduced from the 43rd Annual Report of the Registrar-General for Ireland, by permission of the Controller of His Majesty's Stationery Office.*]

TABLE.—Showing Infant Mortality in Ireland per 1,000 Births registered in the year 1906.

		0-3 months	3-6 months	6-12 months	Total under 1 year
All Causes		53.29	17.40	22.46	93.15
Common Infectious Diseases	Small-pox	—	—	—	—
	Chicken-pox	0.03	—	0.02	0.05
	Measles	0.06	0.17	0.68	0.91
	Scarlet Fever	—	0.01	0.03	0.04
	Diphtheria, Croup	0.25	0.18	0.50	0.93
	Whooping Cough	0.97	1.03	1.99	3.99
	Influenza	0.12	0.10	0.13	0.35
Diarrhœal Diseases	Diarrhœa, all forms Enteritis (not tuberculous Gastritis	5.44	4.85	5.07	15.36
Tubercular Diseases	Tuberculous Meningitis	0.13	0.38	0.79	1.30
	Tuberculous Peritonitis & Tabes Mesenterica	0.14	0.18	0.39	0.71
	Other Tuberculous Diseases	0.41	0.60	0.82	1.83
Wasting Diseases	Premature Birth Congenital Defects Injury at Birth Want of Breast Milk Atrophy, Debility, Marasmus	29.12	2.45	1.58	33.15
Syphilis		0.34	0.20	0.17	0.71
Pneumonia		1.05	0.98	2.36	4.39
Erysipelas		0.09	0.03	0.02	0.14
Rickets		0.03	0.02	0.10	0.15
Meningitis (not tuberculous)		0.17	0.20	0.74	1.11
Convulsions		7.71	2.16	1.78	11.65
Laryngitis		0.05	0.06	0.11	0.22
Bronchitis		3.52	2.39	3.31	9.22
Suffocation (mainly overlaying)		0.46	0.12	0.07	0.65
Other Causes		3.20	1.29	1.80	6.29

From this Table it appears that to every 1,000 children born alive in that year, there died, from *All Causes*, 53·29 under three months old; 17·40 from three to six months old; and 22·46 from six to twelve months old, making a total rate of 93·15. The first three months was, therefore, the period most fatal to infant life.

It will be observed that more than one-third of the total rate, viz.:—33·15, was due to Atrophy, Debility, or some other form of Wasting Disease, and that during the first three months of existence more than one-half of the mortality was caused by similar diseases, while during the second three months, and also during the last six months, of the first year of life, we find that Diarrhœal Diseases caused the greatest number of deaths.

The infant mortality in the Urban Districts of Ireland is still greater than in the country generally. In the 22 large towns, in 1906, there were 4,406 deaths of infants under 1 year, being equal to about 137 in every 1,000 births registered, or 1·4 in every 10.

Taking the Registrars' Districts containing the 22 Principal Town Districts of Ireland, we find the total infantile death-rate from All Causes was 135·02 per 1,000 births registered, which was made up as follows:—Common Infectious Diseases, 9·39; Diarrhœal Diseases, 29·64; Wasting Diseases, 37·67; Tuberculous Disease, 7·17; while 51·15 were attributable to other diseases.

Analysing the mortality in the foregoing areas, for the year 1906, during the weeks of the first month of life, it appears that in proportion to every 1,000 births registered 24·70 children died under 1 week old, 5·84 in the second week, 5·15 in the third, and 6·07 in the fourth week, so that the first week was most fatal as regards infant life. An inspection of the figures giving the mortality in the several months of the first year of existence shows that the death-rate during the first month far exceeded that in any of the subsequent months.

In examining the causes of death of infants under 1 year of age, by sexes, in the year 1906, for the above-mentioned Registrars' Districts, it will be seen that the death-rate per 1,000 births registered was greater for males than for females in all the classes of disease shown in the Table (facing page 6) except one, viz.:—Common Infectious Diseases, in which the rate for females exceeded that for males. The total rate of mortality from All Causes amongst male infants under 1 year of age was 145, while that for female infants was 124 per 1,000 births registered.

Passing to a comparison of the infantile death rates in the different divisions of the United Kingdom, in the year 1905, we find that the Irish rate was the lowest, being 95 per 1,000 births registered. The rate for Scotland was 116, while that for England was 128.

We have now had sufficient statistics to convince us that steps should be taken to lessen the loss of infant life in our land—a loss which is due to ignorance and carelessness as much as to any other cause.

In endeavouring to remedy any evil we must look for its first cause, and we have just seen that more than one-third of the total death-rate of infants in the year 1906 was due to some form of Wasting Disease, that is, that these children were either born in an unhealthy condition, or that their surroundings at birth were such as to leave them very little chance of getting a firm hold of life, the majority having died within three months of their birth.

From this it would appear that in order to fight this evil of infant mortality, the surroundings and health of the mothers must first claim attention, with a view to improving their physical condition.

In large manufacturing towns, where women are employed in factories, and have to perform the two-fold duty of breadwinner and house-mother, it is almost impossible that children would be born with any degree of health or vitality, and, consequently, when their mothers have to resume their work in the factory, and the children are left to the care of a neighbour, who is very often already overburdened, they have little or no chance of life—artificially fed in the worst possible manner, exposed to all weathers, and thoroughly neglected at an age when care is especially needed.

Apart from the employment of married women outside their homes, there are influences in the home, if such it may be called, which operate in bringing unhealthy children into the world. These are all the evils attendant upon poverty—bad food, insanitary houses, and overcrowded dwellings. Ignorant of even the first laws of health, with no means of supplying wholesome food, or of cooking it properly if it were supplied, how can such mothers, physically unfit through their circumstances, hope to bring up children in a condition of health and vigour.

The first step, then, towards solving the problem of how to reduce infant mortality must be taken with regard to the mothers, and here the Women's National Health Association of Ireland may do a great deal, by establishing a system by which women of the poorer classes may be instructed regarding the care of their own health, and provided with the means of giving their children, when born, a fair chance of survival.

The following extract form a work on the subject of Infant Mortality, by Dr. George Newman, has a bearing on this aspect of the case:—"In France there exists a Society for Nursing Mothers which has been established since 1876, and is recognised by the Government. The idea of preserving the mother's health for the sake of the child has prompted this piece of work. It is divided into two branches—before birth and after birth. The former branch consists of homes where destitute mothers are received for the last few weeks before the birth of their child. They are fed and cared for, until the time comes for them to be passed on to a maternity hospital, and thence out into the world again. . . . The result of the receiving homes has been that no woman from these institutions has yet died in childbirth. Professor Pinard, in his report to the Academy of Medicine, said: 'The children of our refugees are born in the best conditions of health and vigour; they always exceed the average weight, and are remarkably developed.' The second part of the work is maintenance, or part maintenance, of mothers during the first year of their infants' life."

The next step towards the solution of the problem under discussion also has reference to the mothers, but it is with regard to their treatment and management of their children.

The mothers must be instructed as to the best methods of feeding their infants, if fed artificially, and as to the nursing of them when ill, as the ignorance and carelessness of mothers of the poorer classes as regards infant management are only too apparent, when we find that the most common causes of death amongst infants are epidemic diarrhœa, convulsions, debility, and similar diseases, which are largely brought about by improper feeding.

The Women's National Health Association could take part in instructing the mothers on these subjects, their ignorance of which produces such fatal effects, by the appointment of lady health visitors, who should have

some medical training, and should hold a sanitary inspector's certificate. In addition to these qualifications, the visitors should have insight and tact so as to avoid giving offence, and to secure the confidence of the poor whom they are anxious to assist by their advice.

Lack of knowledge is responsible in a great measure for the high death-rate of infants, and the Women's National Health Association have work ready at hand, waiting to be done, on the lines which I have pointed out, viz.:—instruction of the mothers as regards their own health; the feeding and management of their children, and the keeping of their homes in a healthy, cleanly state: also the education of girls in matters of domestic hygiene, so as to fit them to take their places as mothers of the future.

Amongst other questions, regarding infant mortality, which afford a wide field for the operations of the Women's National Health Association of Ireland, I may mention two in particular, viz.:—Mortality amongst children put out to nurse, and mortality of children as the result of burning accidents.

Mortality Amongst Boarded-out Children.

A short time ago several cases of mortality amongst children (mostly illegitimate) who had been put out to nurse came under my notice, as occurring in a certain district, and an inquiry was instituted, when it was discovered that out of 34 children put out to nurse 20 died at ages varying from 1 month to 18 months. No notice was sent in any of these cases to the Coroner, as required by Statute, and in one case a sum of money was obtained, contrary to the Statute. The control of boarded-out children is a question which might largely be influenced by the work of the Women's National Health Association.

Mortality Amongst Children from Accidental Burning.

In almost every newspaper we read accounts of deaths of children as the consequence of burning accidents. Parents refuse to take warning from the frequency of

such accidents, and leave their children in a room where no protection is afforded against the fire, with the result that nearly every week a fresh victim is added to the list.

The Association here also have scope for their work, by urging upon the local authorities the necessity of having fire-guards provided in all houses where open grates are in use, and by promoting the establishment of crèches, or day nurseries, where young children would be cared for during the compulsory absence of their mothers from home.

There are many other branches of work in connection with the protection of infant and child life which I cannot enter into now, but which should eventually be dealt with by the Association.

3.—The Control of the Milk Supply.

The third problem which the Women's National Health Association have before them is that of controlling the milk supply.

It is a well-known fact that, of all articles of food, milk most rapidly deteriorates, and for this reason it requires the most careful manipulation in the interval which must elapse between the process of milking and the actual consumption of the milk.

The question of how to provide pure milk, free from disease germs, affects not only our infant population, who for the first year of their existence depend almost entirely on milk for nourishment and sustenance, but it also affects the health of growing children and adults.

In the case of artificially fed infants, it is strongly suspected that fatal diarrhœa is chiefly caused by the use of stale, polluted milk, instead of fresh cow's milk.

With regard to the growing children of our population, there is no doubt that an increased consumption of milk would greatly tend to improve the health of the rising generation.

It is evident, then, that to ensure the provision of an improved supply of milk, and to encourage its consumption by the population at large, is a question of national importance.

In order to effectively deal with this matter, it is necessary first that the public should be aroused to the importance of obtaining a pure, fresh milk, derived from clean, healthy cows, and should insist on such being supplied to them. This the poorer classes will never do until they realise the fatal effects of dirt in their houses and surroundings. Lady health visitors, previously referred to, working under the guidance of the Women's National Health Association, could aid in bringing about a better state of affairs in this respect.

When the demand has been made by the public for clean, unadulterated milk, obtained from healthy cows in sanitary environments, protected from dirt and infection, then an effort should be made to meet that demand by farmers and dairymen, who should be encouraged by Government, especially in an agricultural country like Ireland, to co-operate in the development of the milk trade, and to make it a successful industry both from the point of view of the producers and consumers.

The chief points to be observed in the production of milk, which is undoubtedly the most important aspect of this subject of control, are:—Healthy cows; thorough cleanliness and sanitation in the cowsheds, and care and cleanliness in the process of milking. As regards the last mentioned point, it is most necessary that not only the cows and utensils should be clean, but that the milker should be well-trained, thoroughly clean in his person and in his handling of the milk, and free from any infectious disease.

Again, milk, especially when it has to travel any distance, should be treated at once. It should be thoroughly strained, and the growth of any germs which may accidentally have reached the milk should be prevented by immediate pasteurisation if possible, and if not boiling should be resorted to as a measure of safety, although by no means a perfect method.

There should also be an improvement in the method of transit by railway, in bringing milk to towns, so as to ensure absence of dust contamination, quick transit, and lowness of temperature.

With respect to the distribution of milk, improved sanitation should be adopted in the various milkshops. Milk becomes contaminated in such shops from want of sufficient protection against flies and dust. In America

there has been a great increase in the use of bottled fresh milk, and it is probable that such a system will gradually become more general in this country.

Lastly, the question of home contamination of milk requires to be considered, as in the houses of the poor it is often stored in dirty vessels, and exposed to much uncleanness. This aspect of the subject brings us to the fourth problem which the Women's National Health Association have to deal with, that is:—

4.—Hygiene in Schools.

This may be considered under three heads—(*a*) The teaching of domestic hygiene and science in elementary schools, and the training of teachers to give such instruction. (*b*) the insanitary conditions under which children attending the elementary schools receive their education; and (*c*) how to promote the inspection of children in elementary schools, by trained District Nurses.

(*a*) The teaching of domestic hygiene and science in elementary schools, and the training of teachers to give such instruction.

If girls received a sound education in domestic hygiene there would be fewer wretched, dirty homes, less disease, less drunkenness, and an increase of healthy, vigorous children, who, properly cared for and nourished, would be capable of withstanding disease, if attacked.

(*b*) The insanitary conditions under which children attending the elementary schools receive their education.

The Women's National Health Association can do much in improving these conditions, for they can commence with the homes of the poor. That is, the mothers can be instructed as to the urgent need of cleaning their children, and the value of cleanliness may be impressed on the children themselves.

Teachers and managers of schools should also recognise the importance of ventilation and cleanliness in the buildings. The schools should be cleared two or three times during school hours and thoroughly ventilated,

and strict methods should be adopted in keeping the walls, floors, and furniture properly cleansed.

(*c*) How to promote the medical inspection of children in elementary schools, and the visiting of such by trained District Nurses.

May I say, in conclusion, that I have no doubt that in a few years we shall be reaping the fruit of the labours of the Women's Health Association, and that Lady Aberdeen herself will have the gratification of seeing her efforts to benefit our country, through the agency of this Association, crowned with complete success.

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